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SUBSTITUTE for PTO/SB/05 (08-03) Utility Patent Application Transmittal
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	21223
First Inventor or Application Identifier	Steven A. Nichtberger
Title	COMPOSITIONS COMPRISING A LEUKOTRIENE INHIBITOR AND A DECONGESTANT
Express Mail Label No.	EV321984541US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>15</u>] 3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u> </u>] 4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 14 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b). 5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of (IDS)/PTO-1449 IDS Citations 10. <input checked="" type="checkbox"/> Preliminary Amendment 11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 12. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 13. <input type="checkbox"/> Other: _____

14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ____/____

Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

15. CORRESPONDENCE ADDRESS

☒ Customer Number

Customer No. 000210

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Name	Mollie M. Yang	Registration No. (Attorney/Agent)	32,718
Signature	<i>Mollie M. Yang</i>	Date	8/19/2003

EXPRESS MAIL CERTIFICATE

DATE OF DEPOSIT August 19, 2003

EXPRESS MAIL NO. EV321984541US

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE" ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

MAILED BY A. B. Crowley DATE August 19, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Deposit Acct. 13-2755
MERCK & CO., INC.
Our Case Docket No. 21223

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the patent application of Inventor(s):
Steven A. Nichtberger

For: COMPOSITIONS COMPRISING A LEUKOTRIENE INHIBITOR AND A DECONGESTANT

For	Number Filed	Number Extra	Rate	Basic F e \$750
Total Claims	9 - 20 =	0 X	\$18	= \$0
Independent Claims	1 - 3 =	0 X	\$84	= \$0
Multiple Dependent Claims*			\$280	=
* Add this fee if application contains any multiple dependent claims, regardless of number.		TOTAL FILING FEE →		\$750

Please charge my Deposit Account No. 13-2755 in the amount of \$ 750. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 13-2755. Duplicate copy of this sheet is enclosed.

☐ Under the provisions of 37 C.F.R. §1.53, this application is being filed without the declaration of each inventor.

EXPRESS MAIL CERTIFICATE

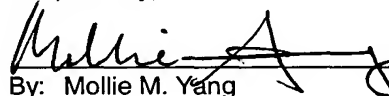
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MAILED BY J. B. Crowley DATE August 19, 2003

Respectfully,


By: Mollie M. Yang

Attorney For Applicant(s)

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Date: August 19, 2003

IN DUPLICATE